

# APPEARANCE FORM (CRIMINAL)

## Defendant

Case Number: \_\_\_\_\_

(file stamp)

(Previously supplied by Clerk)

// Check if *Pro Se*. In the event the defendant decides to represent him or herself, complete this form listing the address and other service information in number 2.

1. Name of Defendant(s):

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(All defendants represented by attorney listed below.)

2. Defense Attorney information (as applicable for service):

Name: \_\_\_\_\_ Attorney No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

Computer Address: \_\_\_\_\_

3. Will Defendant accept service by FAX: Yes \_\_\_\_ No \_\_\_\_

4. Additional information required by state or local rule:

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Note: If separate attorneys represent separate defendants or separate sets of defendants, use an appearance form for each separately represented defendant or set of defendants.

**Authority:** Pursuant to Criminal Rule 2.1(B), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.